24YSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05569

5576 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Conin

	0601	4			emi	a.		PAHC	72 PET	
b. CITY OR TOWN (I RURAL and give no	f outside carporate limits,	write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If o	outside corpor	ote limits, write R	URAL and give	nearest law	n) /
	lkton		3 Years		Tou	ghken	amon	75 x	-3	×
OR INSTITUTION	'AL (If not in hospital, give			d. STREET AC	DRESS				e. IS RE	SIDENCE A FARM?
OK WISHIONOIT	Union Hosp	ita	1							NOX
3. NAME OF DECEASED	First		Middle	Lost		4. DATE	Mon	th	Doy	Year
(Type or print)	RENA			BETZOLD		DEATH	May 1	- ,		1958
5. SEX	6. COLOR OR RACE 7	- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	1583		9. AGE (In years lost birthday)	IF UNDER 1 Y		
Femake	White v	VIDOWE	DIVORCED	Sept.2,	189	9	58 yrs.	Months Da	ys Hours	Min.
	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (Stote	or foreign ca	untry)	12. CITIZE	N OF WHA	COUNTRY?
House			at Home	Dela	nd.	Flori	da	U.S	.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME	101-112			- 45
Jerry	E. Godfrey	-		Eli	la	Jane	Smith			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	57 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
No No	(If yes, give wor or dates of servi	ice)	None Mr	s. Marjo	orie	Ford	Tous	hkina	mon.	Pa.
	ATH [Enter only one cause	e per lir	<u>`</u>						NTERVAL B	
	TH WAS CAUSED BY:		ute cerebro	vascular	ac	ciden	t (stro	ke)	DISET AND	DEATH
1143X	IMMEDIATE CAUSE (o)_ DUE TO			7			0 (5 51 5	110		.4,5 6
Condition if		A	rterioscler	otic hyr	erte	ensiv	heant	dises	2 CA 11	nknow
Conditions, if a	m mediate			2020 2231	701 0	OTTO T A	JICARO	also	236 0	IIMIJOW.
lying cause lost.										
	(c)_	TIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIV	FN IN PART 1/2	alle WAS	ALITOPSY
PART II. OTI 2 GO X 20a. ACCIDENT W/ OR CONTRIBUTING (If EITHER, NOTIFY	iek oror (m. iek m. i. eo r. i. i.		diabetes	THO THE HE TO	THE PERMI	in the District	CONDINONON	214 114 1 261 17	PERF	DRMED?
20a. ACCIDENT W	AS UNDERLYING TO 20	Ob. DESC	CRIBE HOW INJURY OCCURR	PED (Enter nature of	injury in I	Port Lor Port	II of item 18.1		153	1 NOTA
OR CONTRIBUTING	MEDICAL EXAMINER)		CRISE (101) WIJORI OCCORR	LED. (EMIST HAIOTE OF	(0.)					
		20d It	NURY OCCURRED 20e. F	PLACE OF INJURY (H	ome form	n, 20f. (City	or towal	(Cour	a de La de	(State)
Hour a.m.	19	While	Not while f	actory, street, office			or iowii,	(C00)	,,	(sidie)
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	at lattended the d	leceas		7 , 1950	, , , , , , , , ,	ay 1		Shat I las		
alive an	у Д	, 19	58, and that deat	th occurred at					date stat	ed above.
4.071141	1 Mahl	4	T. Mh				eet, city or lawn,		D	ATE SIGNED
SIGNATURE	+ 1/4/1X	7 m	weins 13	м.р23	3 E	Main	Stree	t	5/	2/58
PHYSICIAN'S			1							
NAME (Type)	S. Raiph.	And	rews, Jr.,	M.D.	I	Elktor	n. Mary	land		
22a. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Sta	te)
Burial	May 5.19	158	Beverly Nat	tional C	emet	erv b	everly	New	Jerse	ev
23. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS		24a. REC'	D BY REGISTI	0000	STRAR'S SIGNA	1	
ippin Fun	eral Home	2m	MM. DuElkto	on. Md.	DATE M	AY 7	58 UU	Aledie	1	

may be retained by the h TO FUNERAL DIRECTOR: A page 3 shauld be detache the registrar priar to buri TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05571 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY CECIL MARYLAND uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN pe (If outside corporate limits, write RURAL and give negrest tawn) RURAL and give perest town) shauld OLORA 010 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE 2 NAME OF First Middle 4. DATE Month Day Year DECEASED BOLEN ROY (Type or print) DEATH 195 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Min. WIDOWED [DIVORCED M 3 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LABORER CHRISTENSBERG, VA 13. FATHER'S NAME after physician ò certificate GEORGE DAVID BOLEN haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending COLORA 72 735 MRS 235-10-5 GEO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. f1. While Not while at work at wark p. m. 21. I certify that Lattended the deceased from that I last saw the deceased 108 and that death accurred at_ M, from the causes and an the date stated above. ADDRESS (Street, gity on town, state) ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION LC (State) 0 ORA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

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13.	CLLIE MAY LES	わらんとん	BATTO	CECKEE
13.8100	RS CEGRCE IN EALEN	55-11-4735 M	2	110
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COMMUNICATION		9.1		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 1	8 05572
MEDICAL EXAMINER'S CERTIFICATE OF DEATI	H	000.2
FFWW		Reg. Dist. No.

1.	PLACE OF DEATH		001		2. USUAL RESIDEN	ICE (Where dece	b. COUN		e before odn	nission)
/	b. CITY OR TOWN III	cil		MARYLANI	Mai	ryland		Ce	cil	
	b. CITY OR TOWN (If a ond give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 18	c. CITY OR TOV	VN (If autside co	rporate limits, wri	te RURAL and g	ive nearest to	own)
	Elkto	n		all life	X Elk	ton, R.	D. 龙 4			
			If not in hos	pital, give street address)	d. STREET ADDR	RESS			e. 15 1	RESIDENCE I A FARM?
	Uni	on Hospi	tal		/					NO D
3.	NAME OF	Fin		Middle	Last	4. DATE	Mod	nth	Day	Year
	-DECEASED (Type or print)	Food	erick	C. Br	eitenbaci	h STOEATH		5	16	19 58
5.	SEX			D NEVER MARRIED			9. AGE (In years	IF UNDER 11	YEAR IF UNE	DER 24 HRS.
	M	W	WIDOWED	DIVORCED	3-6-XX	XX1885	73 XX yr	Months De	ays Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF WHAT	COUNTRY?
4	during most of working	ion Agt.		B&O R.R.	Bo 7	timore	Md.	TT	S.A.	
-			,		14. MOTHER'S MAIL		110,0	1 0	Della	
	BASE	ugust			Donth	00	(unknow	n)		
1	5. WAS DECEASED EVE	RINU. S. ARMED FO		SOCIAL SECURITY NO. 17.		ea	Addre			
0		If yes, give war or dates of	service)	05-07-9916	Hospital	Poponi			7	
=	No	e fe .			mospit tar	Vecore	ls. Elk	con, M	d.	and do a
		H [Enter only one cau H WAS CAUSED BY:	se per line :						ONSET AND DE	EATH
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	199.2	DUE TO								
	Canditions, if on		Ad	eno Carcino	ma Metasi	tic				
	gave rise to immedi		4.1							1000
	cause fast.	(c)	Ad	eno carcino	ma Prima	ary sit	e unkno	own	4.44	4-12-
1 2	PART II. OTHE	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION G	IVEN IN PART 1	(a) 19. WAS	AUTOPSY
124	,								YES T	ORMED?
Jan	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury	in Part Lar Part	I of item 18)		1.23 🚨	NO ET
CEPTIFICATION	PRIMARY OF CON	TRIBUTING [()					
		Y Month, Day, Yes	nr 20d I	NJURY OCCURRED 20e. P	ACE OF INJURY (Hame	form 200 (C)	tu as tawal	(Cauni	hul.	(State)
MEDICAL	Hout and				ctory, street, affice bldg]., etc.)		(Cdon)	171	(31016)
N N		4-16	4		lome		Ikton	C	ecil	Md
	21. I certify the	at I took charge	of the r	emains described ab	ove, held an Au	topsy ,	Inspection 🔽	Inquiry	mand	find that
	death resulted	from: Natural	causes [, Accident 3 S	vicide [], Hom	icide 🔲, l	Indetermined	cause .		
		00016) -	0 0						
	ACTUAL SIGNATURE	VVII	100	aron	M CHIEF MEDIC	CAL EXAMINER	3		DATE	SIGNED
	3101121012	A Comment			ASSISTANT A	AEDICAL EXAMIN	ER 🗍			
2	EXAMINER'S NAME (Type)	R.C. Dods	102		DEPUTY MED	ICAL EXAMINER	₩	5-1	16-58	
2	20. BURIAL, CREMATION			22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOC	ATION (City, town	, or county)	(Sta	ite)
	REMOVAL (Specify) Burial	May 18		Cherry Hil	Cemetan	T 0.	2017	Man	vland	
2	3. FUNERAL DIRECTOR'S		2	ADDRESS	240	REC'D BY REGIS	STRAR 245. REG	GISTRAR'S SIGN		
	Parkl,	& L/:	61	Elkton, M	d.			1 -	1	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the Pospital or attending physician. TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician and campletely filled in by the fundamentary.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld Tiled with	-
death	Jun	P	(
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ITAL	RAL E	shaul	strar
HOSP	may be retained by the pospital ar attending physician. • FUNERAL DIRECTOR: This certificate has been significated the property of the prope	age 3	the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.
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9	5592 CERTIFICATE OF DEATH Reg. Dis	t. No.
17	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence of STATE b. COUNTY b. COUNTY	e before admission)
M	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and a RURAL ond give negres) town) 2 weeks Rising 9 5 4	ive nearest town)
70	I NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A STREET ADDRESS Cherry St.	e. IS RESIDENCE ON A FARM? YES NO R
	3. NAME OF DECEASED (Type or print) Mary A. Brum First A. Brum Field 4. DATE Month OF DECEASED (Type or print) Mary A. Brum Field DEATH May - 8	Doy Year 22 - 195
	THE TEN INVANCED TO THE TE	YEAR IF UNDER 24 HR Doys Hours Min.
	House Repper Retired Cecil Con md	S. H.
	Augustus Brumfield Mary Kirk	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [You, no, or upknown] (If you, give wor or dates of service) DAVIDABLE DRUMFIED Orange	xd Not.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Chronic Myccarditis with Arterio Sclerosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (b) UE TO	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO.
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	ounty) (Stat
	21. I certify that I attended the deceased from Jan. 1, 1958, to 5-21, 1958, that I le	ast saw the decea
	alive on 521, 19.58, and that death accurred at 3. A. M., from the causes and on the ADDRESS (Street, city or town, state) ACTUAL SIGNATURE RISING Sun No. 100	e date stated abo DATE SIGN
1	PHYSICIAN'S NAME (Type) R.C. Dodson Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF W. 326 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL (Specify) 5-25-58 Wolfing ham Cem. Colora	Md.
	23 SUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE

	TE OF DEATH	ADPINED.	eners.	
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MARYLAND STATE DEPARTMENT OF BEAUTH-BACKIMORS, TH

FOR STATE HEALTH DEPT

Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. N. 5574

PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased live	l. If instituti	on: Residence	before adm	ission)
o. COUNTY	Cecil	MARYLAND	o. STATE Md.		b. COUNTY			
b. CITY OR TOWN	(If autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate l	imits, write F	URAL and give	e nearest to	wn)
Perry 1		several yrs	Balltime	re		3 Vo	1-4	
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS					ESIDENCI A FARM
V.A.	Hespital		4300 Wick	ford Rd.] NO-
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	D	oy 1	íear -
(Type or print)	Richard	Bla Ch	arman. Jr.	DEATH	5	26	S 1	9 58
SEX	6. COLOR OR RACE 7. MARRIE			9. AGI	(In years irthday)	FUNDER TYE	AR IF UND	
и	WIDOWE	D DIVORCED	31-1926		yrs.	Months Days	Hours	Min.
. USUAL OCCUPA	TION (Give kind of work done 10b. K	CIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Stote	ar fareign country)		12. CITIZEN	OF WHAT	COUNT
	Daniel M	monden	Balitimene	. Wd.		H.S.	Α.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Rich	and R. Charman C	Con .	Sarah R. J	(fireas)				
5. WAS DECEASED	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
yes		hh-20-7166	V.A. Hospita	Dec Dec	Do	1 mds 252		
	EATH Enter only one cause per line		A WE TUNE DIT OFF	T LEC TE	Ty Po		STERVAL BETW	1433
		to to the time to the					INSET AND DE	
PARI I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	rectured Comp.	Skull with	less of h	odn t	i come		
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10000	DUE TO and Fa	ace and lower j	aw. Left for	et amoutai	ed Fr	ecture		
Conditions, if		t and left arm						
gove rise to imm	, , , / DIJE TO			The street is	Suc T	8		
(o), stoting the	underlying Carus	shed chest righ	t side,					
Z PART II. C	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONE	ITION GIVE	N IN PART 160	119 WAS	
						re ne remi do	PERFC	ALITOPSY
2								RMED?
PART II, C	AUSE WAS 1206 DESCRIRE						YE	
CAUSE OF DEAT	ONTRIBUTING []	E HOW INJURY OCCURRED. (En	nter nature of injury in Pai	rt I ar Part 11 of item	18.)		AE	RMED?
20c. TIME OF IN.	ONTRIBUTING Was: St	truck by PaRaRa	Pasa Train	#255 This			YE	RMED?
	ONTRIBUTING Was: St	truck by P.R.R.	Pasa Train	#255 This		(County)		NO [
8040	ONTRIBUTING DH. Was S1	truck by P.R.R. INJURY OCCURRED 20e. PLACE factor	Pas: Train E OF INJURY (Home, form ry, street, office bldg., etc.	#205 Ville m. 20f. (City or faw	n)			NO (State)
	Was: S1 JURY Month, Day, Yeor 20d. 1 7. 5 26 19 58 White of we	Truck by P.R.R. INJURY OCCURRED Not while of work D.R.R.	Pas: Train E OF INJURY (Home, formany, street, office bldg., etc.)	m. 20f. (City or tow	n)	Ceci	1	NO (State)
21. I certify	JURY Month, Day, Yeor 20d. I m. 5 26 19 58 White of wo that I took charge af the r	INJURY OCCURRED Not while of work of work PR R	Past. Trad at E OF INJURY (Home, for ry, street, office bldg., etc. Tracks	Perry	n)	Ceci	, an	NO (State)
21. I certify	Was: S1 JURY Month, Day, Yeor 20d. 1 7. 5 26 19 58 White of we	INJURY OCCURRED Not while of work of work PR R	Past. Trad at E OF INJURY (Home, for ry, street, office bldg., etc. Tracks	Perry	n)	Ceci	, an	NO (State)
21. I certify opinion deat	JURY Month, Day, Yeor 20d. I m. 5 26 19 58 White of wo that I took charge af the r	INJURY OCCURRED Not while of work of work PR R	Pag: Train E OF INJURY Home, forry, street, office bidg., etc. Tracks re, held an Autops Suicide	Perry	n)	Ceci	, an	(State)
21. I certify	JURY Month, Day, Yeor 20d. I m. 5 26 19 58 White of wo that I took charge af the r	INJURY OCCURRED Not while of work of work PR R	Past. Trad at E OF INJURY (Home, for ry, street, office bldg., etc. Tracks	Perry	n)	Ceci	, an	(Slate)
21. I certify opinion deof	JURY Month, Day, Yeor 20d. I m. 5 26 19 58 White of wo that I took charge af the r	INJURY OCCURRED Not while of work of work PR R	Pag: Train E OF INJURY Home, forry, street, office bidg., etc. Tracks re, held an Autops Suicide	Perry y , Inspec Homicide ,	n)	Ceci	, an	(State)
21. I certify opinion deof	Manth, Day, Year 10 26 19 58 That I took charge af the resulted from: Notural of	INJURY OCCURRED Not while of work of w	Pas: Train E OF INJURY (Home, forry, street, office bldg., etc. Tracks re, held an Autops , Suicide, M.D. CHIEF MEDICAL E.	Perry y , Inspec Homicide ,	n)	Ceci	, an	(State)
21. I certify opinion deat actual signature EXAMINER'S NAME (Type)	Month, Day, Year 100	INJURY OCCURRED Not while of work of w	Page Train E OF INJURY (Home, forry y, street, office bidg., etc. Tracks /e, held an Autops J. Suicide , ASSISTANT MEDICAL DEPUTY MEDICAL	Perry y , Inspec Homicide ,	ion , Undeter	Ceci Inquiry 1 mined man	, an	(State) (State) Md d in m
21. I certify opinion deat ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Month, Day, Year 100	truck by P. R. R. INJURY OCCURRED OR Not while ork of work or work remains described above couses [], Accident	Page Train E OF INJURY (Home, forry y, street, office bidg., etc. Tracks /e, held an Autops J. Suicide , ASSISTANT MEDICAL DEPUTY MEDICAL	Perry y , Inspection Homicide , XAMINER EXAMINER EXAMINER	ion , Undeter	Ceci Inquiry 1 mined man	, an ner DATE:	(Stote) Md d in m
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21. I certify opinion deof ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMAI REMOVAL (Speci	Mas: St. JURY Month, Day, Year 5 26 19 58 White that I took charge af the resulted from: Natural of RESULTED THEREOF (y) S 27 58 OK'S SIGNATURE	INJURY OCCURRED ON NOT WHILE OF COLOR OF COURSE OF ACCIDENT OF COURSE OF COU	Pag: Train E OF INJURY Home, for ry, street, office bidg., etc. Procks Procks A Suicide , M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL CREMATORY 240. REC	Perry y , Inspection Homicide , XAMINER EXAMINER EXAMINER	Undeter	Ceci Inquiry 1 mined man	DATE:	(Slate) (Slate) (Slate)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, and the funeral director. The execute the certificate, and the funeral director. The following the forwarded of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation and many event within 72 hours ofter death. VS. A15ME 5M 2/57

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EPUTY MEDICAL EXMANER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please sould the certificate, and the funeral director. Bage should be farwarded. The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your in UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS.				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-						1408. 210.		
1. PLACE OF DEATH	ocil 5	594	N	MARYLAND	2. USUAL RESIDEN	WCE (Where deced	sed lived. If instit b. COUN	Cecil	e before	odmission)
and give nearest to		RURAL	c. LENGTH OF S	TAY IN 16	c. CITY OR TO	WN (If outside cor	porate limits, write	RURAL ond g	ive near	est town)
	t Deposit	f not in hosp	pital, give street a	ddress)	d. STREET ADDI	Deposit RESS				IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED	Fire		Midd		Last	4. DATE OF	Mon	lh:	Day	Yeor
(Type or print)	Richard		Nellan	Chap	man	DEATH	5		12	1958
5. SEX	6. COLOR OR RACE	7. MARRIE		RRIED 8	DATE OF BIRTH		9. AGE In years last birthday			UNDER 24 HRS
	C :				3-41-00		yrs.		8	
during most af wark	HON (Give kind of work or king life, even if retired)	lone 10b. K	IND OF BUSINESS	OR INDUST			country)			HAT COUNTRY
13. FATHER'S NAME	ДС				14. MOTHER'S MAI	DEN NAME			U.S.	Α.
James	K. Chapman					E. Webst	er			
	VER IN U. S. ARMED FOI		SOCIAL SECURITY	NO. 17. IP	FORMANT		Addres			
104			Andrews .	Ja	mes K. Ch	arman. P	ort Depos	sit. Md		
Canditions, if gave rise to imm (a), staling the cause last.	underlying DUE TO (c).				o pneumon					
PART II. O 20g. EXTERNAL C PRIMARY gr C CAUSE OF DEATH	THER SIGNIFICANT CON	omions <u>co</u>	NTRIBUTING TO L	DEATH BUT N	IOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART I		ERFORMED?
PRIMARY OF CAUSE OF DEATH	ONTRIBUTING 🗆	b. DESCRIBE	HOW INJURY OF	CCURRED. (E	nter nature of injury	in Part I or Port I	l of item 18.)			
20c. TIME OF INJ		While	NJURY OCCURRED	facto	CE OF INJURY (Home ory, street, office bld		y or town)	(Count	y)	(State)
21. I certify	that I took charge	of the r	emoins descr	ibed obo	ve, held on Au	topsy . I	nspection -	Inquiry		and in my
	resulted from: N				, Suicide C	, Homicide	Undet	ermined mo	onner	ATE SIGNED
EXAMINER'S					ASSISTANT A	MEDICAL EXAMIN	ER 🗍			
NAME (Type)	R.C.Dods	on			DEPUTY MED	DICAL EXAMINER		5-13-	58	
220. BURIAL, CREMAT REMOVAL (Specif		1958	Jones				t Depos		d.R	(State)
23. VIDINERAL DIRECTO	Jauren	m ds	ADDRESS	ville	41414	MAY 1 6 '5	TRAR 246. REG	STRAR'S SIGN		
Lee A. F	atterson 8	x SOI			, DA			~~~~~	-	
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MARYLAND STATE DEVARYMENT OF HEARTH PARTHERS. MEDICAL EXAMENER'S CHICKET OF DEATH

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e. IS RESIDENCE ON A FARM?

YES NO X

Year

Reg. Dist. No

Cecil

Day

b. COUNTY

Month

CERTIFICATE OF DEATH

4. DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

mellee	DEATH	May	24		19 58
E OF BIRTH	1 - 611	9. AGE (In years lost birthdoy)		EAR IF UND	
Sept. 18		69 yrs.		ys Hours	Min.
1. BIRTHPLACE (State	or foreign o	ountry)	12. CITIZE	N OF WHAT	COUNTRY
	land		USA	1.	2
MOTHER'S MAIDEN N					
Suse	n Cl	ark			
ANT	10	Addr	** 309	Elkto	on Blv
ora C. Co	oper	Elkto	n, Md.		
primary	site			INTERVAL BE	
etermine	i				1 410
			900		
ELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	a) 19. WAS	AUTOPSY
sions				YES T	RMED?
r noture of injury in f	ort I or Par	t II of item 18.)			
INJURY (Home, farm reet, office bldg., etc.	20f. (City	or town)	(Cou	nty)	(Stote)
1957, to Ma	ay 24	10.58	,that I las	4 the	4
rred at 10:41			and an the	data state	deceased
Hed diary a	ADDRESS (SI	freet, city or town,	nd on the		ATE SIGNED
233		Main St		5/	24/58
D. E	Lkton	Maryl	and		
ATORY		TION (City, town, o		(State	e)
ery		D. Aber		Mary	land
24a. REC'I	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE	
DATE	2 8 155	10006	. 1		
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		MARYLAND STATE DI	
	RTIFICATE OF DEATH	90 0136	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/5S 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5580 CERTIFICATE OF DEATH

Reg. Dist. No. 05578

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Delaws	b. C	OUNIY _	e before admission)
b. CITY OR TOWN (II RURAL and give no	f autside carporate limits,	write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWN (If a	ulside corporate limits.	write RURAL and g	ive nearest town)
Elktor	1	7	yrs	Newark		116 X - 3	
d. NAME OF HOSPIT	'AL (If not in hospital, give	e street oddress)		d. STREET ADDRESS		,	e. IS RESIDENCE ON A FARM?
	ne Haven N	ursing	Home	24 Tyre	Avenue		YES NO 🗖
3. NAME OF DECEASED (Type or print)	- Eint Fra	dea	Middle K.	Cenneylous	4. DATE OF DEATH	Month	Day Year
5. SEX	6. COLOR OR RACE 7	· MARRIED (NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I		YEAR IF UNDER 24 HRS.
Female	White	VIDOWED [DIVORCED	May 30,1908	3 49	thdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION during most of work Houses 13. FATHER'S NAME	ON (Give kind of wark do king life, even if retired)	ne 10b. KIND OI	F BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote Mary 14. MOTHER'S MAIDEN N	or foreign country)		ZEN OF WHAT COUNTRY
	la Vennde					1	
Davi	d Kennin	-	SECURITY NO. 17.	INFORMANT	ret Weath	Address	
	(If yes, give wor or dates of serv			John C.Cunn	ingham 24		ve., Newark,
PART I. DEA 3 45 X Canditions, if a gove rise to it case (o), stating lying cause lost.	mmediate the under- CC (c)		Teft of Claim	Verlucula ple S	Faile clero.	we.	14 years
САТІС			V	NOT RELATED TO THE TERMI			PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item	18.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19		CCURRED 20e. Pot while work [LACE OF INJURY (Home, form octary, street, affice bldg., etc.	, 20f. (City or town)	(C	aunty) (State)
21. I certify the olive on	Terres	- proper		h occurred of 600		uses ond on th	ast sow the deceased the date stoted above DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			AME OF CEMETERY OF CENTERY OF CENTER OF CENTERY OF CENT	n Mem Park	22d. LOCATION (City		(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	7	DDRESS ()		D BY REGISTRAR 24	b. REGISTRAR'S SIG	SNATURE

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ADDRESS

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Md DATE MAY

24b_REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/S5

23. FUNERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	1	8
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5582 CERTIFICATE OF DEATH

	00.	S CERTIFIC			Reg. Dist. No.	
PLACE OF DEATH O. COUNTY Cecil		MARYLAND	II O STATE	Where deceased lived. If inst b. COUI		dmission)
b. CITY OR TOWN (If outsi RURAL and give nearest Elkton	ide carporate limits, write town)	c. LENGTH OF STAY IN 16 32 yrs.	c. CITY OR TOWN (I	f outside corporate limits, wri ton	te RURAL and give nearest	town)
d. NAME OF HOSPITAL (IF OR INSTITUTION UI	not in hospitol, give street nion Hospit	oddress)	d. STREET ADDRESS Vinsin	ger Lane	1 0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Samue/	f Middle	Evere Hs	4. DATE OF DEATH	Month Day	Yeor 1938
Male Co	ol. widow		May 2,191			INDER 24 HRS. Burs Min.
00. USUAL OCCUPATION (G during most of working lif Laborer	ive kind of work done 10b. fe, even if retired)	KIND OF BUSINESS OR IND	D	elaware	12. CITIZEN OF W	
	L Everett,		14. MOTHER'S MAIDEN Magg	ie Smith		
5. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	give wat or dates of service)		Bessie Eve	rett-117 Bo	oth St., E	Lkton,
PART I DEATH W	DUE TO	refor(o), (b), and (c).] erebral flower for the form of the form	Thrombos Trkvioscler	5.20	ONSET	L BETWEEN AND DEATH
Severe (1) 200. ACCIDENT WAS UN OR CONTRIBUTING CH (IF EITHER, NOTIFY MEDIC	ONIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT A PORTE TO COURT	sien E Ken	reated C.U	A YES	AS AUTOPSY REFORMED?
20c. TIME OF INJURY Me Hour o. m. p. m.	onth, Day, Year 20d. I While of wor	Not while f	PLACE OF INJURY (Home, fa factory, street, office bldg., e		(County)	(State)
	attended the deceas	ed from Jan 58 and that deal Murlier		M, from the cause ADDRESS (Street, city or to	es and an the date s wn. state)	
PHYSICIAN'S NAME (Type)						

MEATH 100 May 100			
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559		mG229 6-5-58	ICE (Where deceas	ed lived. If institut		o. 05581
cil		YLAND O. STATE		b. COUNTY	Decil	
outside corporale limits, write RURA)	c. LENGTH OF STATE		VN (If cutside car)	porate limits, write		nearest tawn)
al or institution (if not all Training S	in hospital, give street addr tation Hospit		ESS			e. IS RESIDENCE ON A FARM? YES NO
First	Middle	Last	4. DATE OF	Manth	Day	Year
l'eresa	Lynn	Farley	DEATH	5	20	19 58
	AARRIED NEVER MARRI	7 00 70		9. AGE (In years lost birthday) yrs.	Months Days	Hours Min
ON (Give kind of work dane g life, even if retired)	10b. KIND OF BUSINESS OF	Port De	posit.		12. CITIZEN O	F WHAT COUNTRY
ils Wayne Fal	estr		arie Bran	W. o. 20		
ER IN U. S. ARMED FORCES' (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	. 17. INFORMANT		Address	262	
TH [Enter anly one cause pe	r line for (a), (b), and (c),	Otis Wayne	rarrey	Fainbridg		RVAL BETWEEN
H WAS CAUSED BY: IMMEDIATE CAUSE (a)		eight 2 lbs a	nd 12½ ou	nces		ET AND DEATH
DUE TO						
ny, which (b)						
underlying DUE TO					10244	
) (c)	NE CONTRIBUTING TO DE	711 0117 1107 0711 177 70 711				
ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEASI	E CONDITION GIVE		PERFORMED? YES NO
ISE WAS 20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury	in Part I ar Part II	of item 18.)	140	S
TIME DITTO						

CERTIFICATION PART II. OT 20g. EXTERNAL CAUPRIMARY Gr COLCAUSE OF DEATH. MEDICAL 20c. TIME OF INJUI Haur g. m. p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that

death resulted from Natural causes -, Suicide , Homicide . Undetermined cause

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER

5-21-58 DEPUTY MEDICAL EXAMINER

DATE SIGNED

(State)

R.C. Dodson 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) REMOVAL GPE Burial, 5-22-1958. West

Nottingham Cem. Colora .Md. Rural ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Perryville .Md.

PLACE OF DEATH e. COUNTY

b. CITY OR TOWN (I

Bainbridge

100. USUAL OCCUPATION during most of working

Odis 1S. WAS DECEASED EV

> 18. CAUSE OF DEA PART I. DEA 76 X Conditions, if o

gave rise to imme (a), stoting the couse last.

EXAMINER'S

NAME (Type)

no

Infant 13. FATHER'S NAME

NAME OF DECEASED (Type or print)

S. SEX

d. NAME OF HOSPIT

U.S. Nav

Ce

MEDICAL EXAMINERS OF VIRICATE OF DEATH the s The fact that he may not seen a music and a second se 78 THE OWNER OF THE PARTY OF THE P CITY OF THE PARTY The state of the second of the state of the THE STREET

Color of

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 58 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Ameta Felty, Rising Sun, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO P YES T (County) (Slote) Nattingham and in my Undetermined manner DATE SIGNED 22d. POCATION (City, lown, or county) (Stole) 246. REGISTRAR'S SIGNATURE

Reg. Dist. No.

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15M 10/57

ADDRESS (Street, city or town, state) DATE SIGNED V.A. Mospital, Perry Point. Md. 5-28-58 Director. Professional Services 22d. LOCATION (City, town, or county) (State) Aberdeen, Maryland 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Harford

Month

yrs

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

unknown

PERFORMED? YES NO

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

USA

ON A FARM?

YES T. NO T unknown

Year

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l		* 5	59	CERTIF	ICAT	E OF DEAT	Н	R	eg. Dist. No.	6558	7
1,	PLACE OF DEATH	Cecil		MARYL		USUAL RESIDENCE (VO. STATE		b. COUNTY	Residence befor	e admission)	
	b. CITY OR TOWN (I	If outside corporate limi	ls, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF				rest town)	
	Perry Poir	nt, Marylan	d	lyr 6mos 11	days	Richmo	ond	83	X-3		1
	OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS				ON A FARM	CE vi?
	Veterans A	<u>ldministrat</u>	ion I	Mospital		520 N	4th S	treet		YES NO	1
3.	NAME OF DECEASED	Fie		Middle		Last	4. DATE OF	Month	Da	Yeor Yeor	
_	(Type or print)	NATH				HELMS	DEATH	5	1:		
	SEX			NEVER MARRIED		ATE OF BIRTH		last birthday) M	onths Days		HRS.
	Male	Negro	WIDOW	KIND OF BUSINESS OR		2/6/24 11. BIRTHPLACE (Stot		34 yrs.	12. CITIZEN O	F. W. MAT. CO.	A LEGYO
	Gas Statio	king life, even if retired on Attendan		KIND OF BUSINESS OR		Bassett,	Virgin		USA	. WHAT COU	NIKT?
	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	John Helms					Sadie Fir	ney				
15. Ye	is. no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice	SOCIAL SECURITY NO.	17. INFO			Address			
_	Yes	ATH [Enter only one co		223 20 3986	Hos	pital Recor	rds, Pe	rry Point		nd RVAL BETWEE	
	PART I. DEA 355 X Conditions, if a gove rise to i couse (o), stating lying couse lost.	ny, which (but to	Chro	orrhage, extrical.					3	- 4 da	
CERTIFICATION			DITIONS (ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER/	MINAL DISEASE	CONDITION GIVEN	IN PART 1(a) 1	PERFORMED YES NO)?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	Port I or Part	II of item 18.)		301	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of wor	Not while		OF INJURY (Home, for , street, office bldg., e		or town)	(County)	(5	itate)
		at I attended the			29/	_, 19.57_, to	5/12/		DECIDENCE		
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	ACTUAL SIGNATURE		1	acero	M.D	VAH, Pe	rry Po	int, Maryl	and	5/13	/58
	PHYSICIAN'S NAME (Type)S	P. LACERI	7A . N	LD.		Directo	r. Pro	fessional	Service	· S	
220	BURIAL, CREMATIO REMOVAL (Specify) Removal		F	22c. NAME OF GEMET	ERY OR C			ION (City, town, or co		(Stote)	
23.	FUNERAL DIRECTOR	S SIGNATURE	7	ADÓRESS	1	24g. REG	D BY REGISTI	RAR 24b. REGISTRA	AR'S SIGNATUR	E	
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eremation		1. 1	LACE OF DEATH	55	38	MARY	LAND	2. USUAL RESIDENCE (Where decease	ed lived. If institu	itian: Resid	lence before		ission)
Porrid		-6	Out Bing liedides ton		RURAL	c. LENGTH OF STAY		c. CITY OR TOWN (I	•	orate limits, write	RURAL on	40	earest ta	wn)
es. prior to l	50	d	1	TAL OR INSTITUTION (I	f not in hos	22hrs pitol, give street address	-)	Washingto d. STREET ADDRESS 1393 Flor		o N T	- / ^ -		e. IS RI ON YES	ESIDENCE A FARM?
r your fill registrar		3. 1	A HOSPITA	Fin	st	Middle		Last	4. DATE	Manil	h	Day	Y	'ear
regi		5. 5	Type or print)	RAYMON		В.		LSEL DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER	9		9 58 ER 24 HRS.
vith the			(ale	White	WIDOWED	D NEVER MARRIED DIVORCED		4-8-1.894	155	fost birthday) 64 yrs.	Months	Days	Hours	Min.
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and	-	I	Retired	ing me, even in temecaj				Pennsylva	nia		U	.S.A	•	
5-1	1)	13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
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File po		[Yes,	no, or unknown)	(If yes, give war or dates of :	service)	one		s. Raymond	B. Hel			14.	Pa.	
nsit permit.				TH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		or (a), (b), and (c).}						INTER	VAL BETWI	EEN ATH
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used as a		CERTIFICATION	PART II. OT	HER SIGNIFICANT CONI				OT RELATED TO THE TERM		CONDITION GIV	EN IN PAR	RT 1(o) 19	. WAS	
P.			20g. EXTERNAL CA PRIMARY DE or CO CAUSE OF DEATH.			HOW INJURY OCCUR	-	ter nature of injury in Par lder	rt I ar Port II	of item 18.)		5		
e 3 shauld	88	MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		While		e. PLAC facta	OF INJURY (Home, farry, street, affice bldg., eld	:-)	or town)		unty)		(Stote)
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DIRECTO			ACTUAL	lek	0	dro	N	M.D. CHIEF MEDICAL E	XAMINER [.ouse _		DATE S	IGNED
warded UNERAL remaval.	2		EXAMINER'S NAME (Type) R	. C. DODSON	MD			ASSISTANT MEDICAL		_			5-9-	-58
or ren			BURIAL, CREMATIC REMOVAL (Specify	DN, 22b. DATE THEREO		22c. NAME OF CEMETE	RY OR C			ION (City, fown,	ar county)	/	(\$10)	
imE(5) /55			Removal FUNERAL DIRECTOR	rs signature	In	ADDRESS!	di		D BY REGISTI	245. REGI	STRAR'S SIG		E	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		5584	1 CERTI	IFICA	TE OF DE	:ATH			Reg. D	ist. No.		100
1. PLACE OF DEATH o. COUNTY	C	ecil	MARY	LAND	2. USUAL RESIDEN	NCE (Whe		d lived. If instituti b. COUNTY		nce befo		iion)
b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			rote limits, write F				n)
RURAL and give ner	kton		Life		X Ch	esar	eake	City				
d. NAME OF HOSPITA	AL (If nat in haspital, g	jive street	oddress)		d. STREET ADD		CALLO				e. IS RES	
	Union Ho	spit	al		St. A	ugus	tine	Rd.				FARM?
3. NAME OF DECEASED	Fir	rst	Middle	1 110	Last		4. DATE OF	Mor	nth	Do	у	Yeor
(Type or print)	Georg	е	Edward	H	erman		DEATH	May	22			1958
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRI	ED B	DATE OF BIRTH		SATING A	9. AGE (In years last birthdoy)	IF UNDE		IF UND	ER 24 HRS.
Male	White	WIDOW	_	-	Dec. 23		368	89 yrs.		Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLAC	E (Stote o	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTR
Farmer			Farming		Pit	tsbu	irg.	Penna.		U.	S.A	
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN NA						105
\mathbb{N}	lathew He	rman			Ma	arga	ret .	E. Schy	rer			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, IN	FORMANT			Add	iress			WE ST
No			None	Mr	s. Loren	nzo	Ridd	le Che	s. C	ity	. Me	d.
		use per lin	ne for (a), (b), and (c).]		(4)				INT	ERVAL BE	TWEEN
PART I. DEAT	H WAS CAUSED BY:)	asper	ati	m Pr	2 en	mn	nin		UNS	20	DEATH
334X	DUE TO										0	1
Conditions, if an		. (orelas	28	arte	1 1 10	, le	100 an			1 2	11
gave rise to in cause (a), stating t											-	
lying couse last.) (0)										
PART II. OTH	er significant con	DITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	HE TERMIN	AL DISEASI	E CONDITION GIV	VEN IN PAI	RT 1(a) 1	9. WAS PERFO	PRMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of in	njury in Po	art I or Port	III of item 18.)				
20c. TIME OF INJURY Hour o. jr. p. m.	' Month, Day, Ye	or 20d. It While of work	Not while	20e. PLAC	CE OF INJURY (Horory, street, office bl	me, farm, ldg., etc.)	20f. (City	or town)	(County)		(Stote)
21. I certify the	at I attended the	decease	ed fram	- 10	1958,	ta	15	-121953	that I	last so	w the	decease
alive on	5-22	12_	Sa, and that				M. fram	the causes of	and on t	he da	te state	ed abay
1	1:00.							reet, city or town,		ne da		ATE SIGNI
ACTUAL SIGNATURE	alleto	1	some	2 M	0 22	5 5	- 2	hain	11	-00	X	
PHYSICIAN'S NAME (Type)	1 LL PO	RD	EPPES	19	0. n	en	ar	k, x	De	0.		
220. BURIAL, CREMATION	1, 226. DATE THEREC)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	e)
REMOVAL (Specify) Burial	May 25.	1958	Bethel	Cem	eterv		Che	sapeake	Cit	v.	Md.	
23. FUNERAL DIRECTOR'S		0	ADDRESS			la. REC'D	BY REGIST		STRAR'S SI	~ ~		
Pippin Fun	eral Hom	a. Vm	9192 Der E	lkto	n. Md. D.	ATE SE	AV 2 7	250	. /	-	1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05/887

1. 7	LACE OF DEATH . COUNTY	Cecil		MARYL		2. USUAL RESIDENCE (W	Vhere deced	sed lived. If institu b. COUNT		lence be		ission)
b	city of town (if one ond give negret town) Perry	pulside corporate fimits, write Point	e RURAL	c. LENGTH OF STAY IF		c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL on	d give n	earest to	wn) V
		a or institution (ospital, give street address)		d. STREET ADDRESS					ON	ESIDENCE A FARM?
- 1	AME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mont	1	Day		fear
	Type or print)	11,000	MALL	(NMI)		LINGSWORTH	DEATH	May		26	_	958
5. \$				IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Hours	ER 24 HRS. Min.
-	Male	Negro	WIDOWI			5-6-1896		62. yrs.				
10a. d	uring most of working Laborer	N (Give kind of work g life, even if retired)	done 10b.	unknown	NDUSTRY	Maryland		country)		SA	F WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME	W = - 17				
		Floyd Ho.	lling	sworth		Emily Par	ker					
15. IYes,	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INF	ORMANT		Address			180	
	Yes	WW I		218-05-4642	Hos	pital Recor	ds, V	AH, Perry	Poi	nt,	Md.	
NOI	Conditions, if on gove rise to immedi (o), stoting the uncouse lost.	nderlying DUE TO	Ar Hy	terioscleros	is,	cerebral, s	evere		EN IN PAI	1	P. WAS	r
FIG	20- EVTERNIAL CALL	CE MAC 197	P DECCON	DE HOW INTHON OCCUPA	FD 45-1						YES 🔀	NO 🗌
	20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING [DESCRI	BE HOW INJURY OCCURR	ED. (ENK	er noture ar injury in Pari	I or Port II	at Item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	Whi		PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cit	y or tawn)	(Co	ounty)		(Stote)
				remains described Accident				nspectian K , ndetermined c	_	ry 🗷].	, and	find that
	ACTUAL SIGNATURE	reen	0	enen		M.D. CHIEF MEDICAL EX	KAMINER [1			DATE S	SIGNED
	EXAMINER'S NAME (Type)	R. C. DO	DSON			DEPUTY MEDICAL I					5-26	5-58
220	BURIAL, CREMATION REMOVAL (Specify)	4 - 29	-58	Mt. Calv		REMATORY		ction (City, town, operdeen,)	ld.		(Stat	e)
	FUNERAL DIRECTOR'S		1177	ADDRESS			D BY REGIS	TRAR 24b. REGIS	TRAR'S SI	GNATU	RE	
B	ullock Fu	neral Home	, Hav	re de Grace,	Md.	DATE , \$1	UN 2	158 (88	Als	uch		

VS. A15ME(5) 5M 9/55

MARYLAND STATE DIPARTMENT OF HEALTH DIAMENTS OF DEATH OF MEDICATE OF DEATH OF

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} _			55	85 CERTIF	ICA	E OF DEAT	H		Reg. D	ist. No		
1.	PLACE OF DEATH o. COUNTY Cec	i 1		MARYL	11	. USUAL RESIDENCE (W o. STATE Maryland	/here decease	d lived. If instituti b. COUNTY			re admis	sion)
Γ	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY II	V 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and	give ne	erest tow	n)
		kton		3 days		K Elkt	on	Rura1				
	d. NAME OF HOSPITA OR INSTITUTION	Union Ho				d. STREET ADDRESS					ON A	FARMS
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mor	ith	Do	у	Year 10
3	(Type or print)	Ann	ie	Frances	H	urlock	OF DEATH	5	1	0		1958
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years lost birthday) 85 yrs.				ER 24 HRS.
	Female	white	WIDOW	ED N DIVORCED		Dec 2, 1872		85 yrs.	Months	Doys	Hours	Min.
100	during most of worki	N (Give kind of working life, even if retired ewife	done 10b.	KIND OF BUSINESS OR	INDUSTR	Virgini		ountry)	1	TIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
100	Eli Strimel					Susan	na Rey	no1ds				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		200	
IYe	s, no. or unknown) (1	f yes, give war or dates of	service)	none		Herman Hurl	ock	Elkton R	d Ma	ry1a	ind	
		H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	0 (ne for (o), (b), and (c).] Perchal Evelyal A	He vter.	worrhage osclerosi.	5				9 /	DEATH
CERTIFICATION		ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEAT	-				EN IN PA	RT 1(a) 1	9. WAS PERFO YES	PRMED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d, I While of wor	Not while	PLACE foctor	OF INJURY (Home, far y, street, office bldg., et	m, 20f. (City	or town)		(County)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Blazes H	19:3 ! /fl		death a	, 19.58, ta ccurred at 9:33 No.	4. M. from	the causes of treet, city or town	and an I		te stat	
L	REMOVAL (Specify) BUTIAL	5-13.	of -1958	22c. NAME OF CEMEN			Nort		or county)	Co	(Stot	
23.	Suseph of		seph	ADDRESS R.Grant No	rth I		D BY REGIST	1 158 REGI	STRAR'S SI	GNATU	RE	

D FUNERAL DIRECTOR: It this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. pital ar attending physician TO FUNERAL DIRECTOR:

Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. VS A15 (4) 15M 9/SS

The Court of		DE DEATH	BTASH		88		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05589

Cecil	MARYLAND	2. USUAL RESIDENCE (Who	1 6018.0		
autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	itside corporate limits, write	RURAL and give ne	arest town)
t. Maryland	10 hours	Havre	de Grace, Ma	ryland /	224.2
L OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
dministration	Hospital	136 W	eber Street		YES NO
First	Middle	Last 4.	DATE Mont	h Day	Year
BENJAMIN	S.	KEIRN	DEATH 5	14	1958
6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
White WIDO	WED DIVORCED	5/23/95	62 yrs.	Months Days	Hours Min.
N (Give kind of work done 10)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
ino, even in rollied,	Unknow	Dunmore, We	est Virginia	USA	
		14. MOTHER'S MAIDEN NA	ME		
m		Sarah Ray			
	16. SOCIAL SECURITY NO. 17. IP	FORMANT	Address	The state of the s	
WWI	Unknown Ho	spital Records	s, VAH, Perry	Point, M	d.
H [Enter only one cause per li	ine for (a), (b), and (c).]		/	INTERV	AL BETWEEN
H WAS CAUSED BY:	Coronary occlusi	on		ONSE	AND DEATH
minicolarie caose (o)			Transfer of the same		
an and the N					
iote couse					
nderlying					
	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GI	VEN IN PART 1(a) 19	. WAS AUTOPSY
					PERFORMED?
SE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I	or Port II of item 18.1	1.	110
TRIBUTING []					
Y Month, Day, Year 20	fant	CE OF INJURY (Home, form, bry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
Y Month, Day, Year 20			20f. (City or town)	(County)	(State)
Y Month, Day, Year 20 W 19 of	hile Not while factor	ory, street, office bldg., etc.)			(State)
Y Month, Day, Year 20 W 19 of	hile Not while of work foctor of work described abo	ory, street, office bldg., etc.)	, Inspection 🔀	, Inquiry 🛣,	
Y Month, Day, Year 20 W 19 ot at I took charge of th	hile Not while of work foctor of work described abo	ve, held an Autopsy	☐, Inspection ☑ ☐, Undetermined	, Inquiry ,	and find that
Y Month, Day, Year 20 W 19 ot at I took charge of th	hile Not while of work foctor of work described abo	ve, held an Autopsy	☐, Inspection ☆ ☐, Undetermined	, Inquiry 🛣,	
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Y Month, Day, Year 20 W of at I took charge of the from: Natural causes	rhile Not while of work of twork of twork of twork of two	ve, held an Autopsy cide , Homicide [_M.D. CHIEF MEDICAL EXAM ASSISTANT MEDICAL DEPUTY MEDICAL EXAM	☐, Inspection ★ ☐, Undetermined AINER ☐ EXAMINER ☐	, Inquiry 3 , cause 1 .	and find that
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	t, Maryland L OR INSTITUTION (If not in dministration First BENJAMIN 6. COLOR OR RACE 7. MA White Wildow (Give kind of work done) I life, even if retired) M R IN U. S. ARMED FORCES? Iff yes, give wor or dotes of service) WWI M (Enter only one cause per I was CAUSED BY: MMEDIATE CAUSE (o) DUE TO (c) ER SIGNIFICANT CONDITIONS SE WAS 20b. DESC	L OR INSTITUTION (If not in hospital, give street oddress) Commistration Hospital	L OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS dministration Hospital First BENJAMIN S. KEIRN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED B. DATE OF BIRTH Mite Widow bird of work done I life, even if retired) N (Give kind of work done I life, even if retired) N (Give kind of work done I life, even if retired) N (Give kind of work done I life, even if retired) M (Enter only one cause per line for (a), (b), and (c).] H WAS CAUSED BY: MMEDIATE Coronary occlusion DUE TO (c) ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA SE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Letter) DOT TO THE TERMINA SE WAS 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Letter) M (Enter on by DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Letter) M (Enter on by DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Letter)	Havre de Grace, Ma LOR INSTITUTION (If not in hospital, give street oddress) Administration Hospital First Middle BENJAMIN S. COLOR OR RACE MARRIED NEVER MARRIED DIVORCED DIVORCED N (Give kind of work done) N (Give kind of owork done) N	Address R. I. OR INSTITUTION (If not in hospital, give street oddress) Administration Hospital First Middle BENJAMIN S. KEIRN Middle Last 4. DATE OF DEATH 5. Lit 6. COLOR OR RACE WIDOWED DIVORCED P. AGE (In yearn Month DOGS Month DOGS Month DIVORCED DIV

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
. *					

5601 CERTIFICATE OF DEATH

Reg. Dist. No. 5590

1. PLACE OF DEATH o. COUNTY	Cecil		MARYL	11	USUAL RESIDENCE o. STATE	(Where deceased aryland	l lived. If instituti b. COUNTY			dmission)	
b. CITY OR TOWN (III RURAL ond give ne Perry P	f outside corporate limi carest town) OINT	ls, write	c. LENGTH OF STAY IF	V 1Ь	c. CITY OR TOWN	(If outside corporation	rote limits, write R	URAL ond g	ive nearest	town)	
d. NAME OF HOSPIT OR INSTITUTION Veterans Adi	AL (If not in hospital, g	ive street n Ho	spital		d. STREET ADDRESS 134 W. High e. IS RESIDENCE ON A FARM YES \(\sum \) NO						
3. NAME OF DECEASED (Type or print)	Fir HERI		Middle (NMI)		LEWIS	4. DATE OF DEATH	Mon		Day 5	Yeor 19 58	
5. SEX Male	6. COLOR OR RACE White	7. MARE	TED NEVER MARRIED DIVORCED		ATE OF BIRTH 6-12-77		9. AGE (In years last birthdoy) 80 yrs.		-	JNDER 24 HRS. Durs Min,	
	ON (Give kind of work ing life, even if retired Operator	done 10b.	kind of business or Unknown		11. BIRTHPLACE (SI Maryla . MOTHER'S MAIDE	nd	ountry)	12. CITI		HAT COUNTRY	
	narles E. I					Maxwell					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s S.A.W.	ervice)	social security no. unknown	Hosp	MANT ital Reco	rds, VAH	Add H, Perry		, Md.		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, ,	ne for (o). (b). ond (c).] Jremia, ures	nic po	oisoning	(clinica	1)		INTERVA ONSET	AND DEATH	
Conditions, if or gove rise to in couse (o), stoting	nmediate (rterioscle			sease				known known	
lying couse lost.) (c	DITIONS	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE			EN IN PART	1(o) 19. W	VAS AUTOPSY ERFORMED?	
PART II. OTH	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		rterioscles					undion	YE	s 2 NO 🗌	
20c. TIME OF INJUR Hour o. m. p. m.	VA 19	20d. II While of wor	Not while	Oe. PLACE foctory,	OF INJURY (Home, street, office bldg.,	form, 20f. (City	or town)	(C	ounty)	(Stote)	
21. I certify th	s. P. LA	Cl.	ed from April	death oc	V.A. Hos	5 PM, from ADDRESS (Sepital, 1	the causes of the test, city or town,	and on the stote)	e date s	tated above pare signer 5-6-58	
22 BURIAL CREMATION REMOVAL (Specify)	5/8/5	-0	22c. NAME OF CEMEN	PRY OR CR	EMATORY	22d. LOCAT	Stm	or county)	1/	(Stote)	
23. FUNERAL DIRECTOR'S	1	Parer	re de Grace	e. Wd	24a. F	MAY 8 '5		STRAR'S SIG			

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5602 CERTIFICATE OF DEATH

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Cecil		MARYLA	11	o. STATE	(Where decease	d lived. If instituti b. COUNTY		Har 7	mission)
b. CITY OR TOW RURAL and giv	N (If autside carporate lim re neprest town) POINT	its, write	c. LENGTH OF STAY IN 2 mo. 3 da		c. CITY OR TOWN (Of outside corpo	orate limits, write R		give nearest t	awn) V
d. NAME OF HO OR INSTITUTION Veteran	SPITAL (If not in hospital, g ON 18 Administra	ive street o	ddress) Hospital		d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)					
3. NAME OF DECEASED (Type or print)	RC	Šs	Middle		MC COMAS	4. DATE OF DEATH	May		Doy 28	unknown 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		11-11-94		9. AGE (In years lost birthday) 63 yrs.	Months Months	Days Hou	
during most of	ATION (Give kind of work working life, even if retired IMDER	done 10b. I	Unknown		Maryla Mother's Maide	and	country)	11000	IZEN OF WH	HAT COUNTRY?
, TATTER STRAME	G. Jordan	McCo	ma e		Margaret		nntr			
	EVER IN U. S. ARMED FOR	CES? 16. S		17. INFO		o ire om	Add	ress		
Yes, no, or unknown)	(If yes, give wor or dates of :		18-03-7435	Rec	ords, VAH,	Perry	Point. M	arvla	nd	
gove rise to couse (o), stati lying couse to	ost.) (d	Bra mul	in tumor pa	rieta	al lobe ma	alignan	t, gliobl		a unk	nown
ZO PART II. 4-91X	OTHER SIGNIFICANT CON		erioscleros						PEI	AS AUTOPSY REFORMED? NO
200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of injury	in Part 1 or Par	rt II of item 18.)			
20c. TIME OF IN Hour o. p.	m. 10	ar 20d. 1N While at wark	Not while		OF INJURY (Home, for street, office bldg.,		y or town)	(0	County)	(Stote)
	that ** attended the	Service Servic		eath ac		ADDRESS (S	m the causes of treet, city or town, Perry F	and on the stote)	Md.	
220. BURIAL, CREMA REMOVAL (Spec Burial		113 14	22c. NAME OF CEMETE Frien		EMATORY	72d. LOCA Fal.	TION (City, town, Lston, Ma	or county) rylan	ıd	Stote)
23. FUNERAL DIRECT	or's signature z Funeral ^H oi	ne, Ja	ADDRESS errettsville	e, Md		EC'D BY REGIS	TRAR 246 REGI	STRAR'S SIG	SNATURE	

\/l		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7 FilmG228 5=12-58 et 063/2
2		5603 CERTIFICATE OF DEATH Reg. Dist. No.
ector.	1. [PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY MARYLAND O. STATE Maryland
death: uner		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL ond give nearest town) RURAL ond give nearest town)
rs after by the fi	1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INISTITUTION A STREET ADDRESS ON A FARM? YES \(\text{NOT} \) NO \(\text{TEST NO } \)
24 hav		NAME OF First, Middle Last 4. DATE Month Doy Year OF DECEASED (Type or print) Harriet . Mc Manus DEATH May 3 1958
d within letely fi	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1 ST
d camp n paper death.	100	USUAL OCCUPATION (Give kindrof work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Touse were if refired) Touse were if refired) Touse were in the country of the co
cian an cian an s carbon	13.	FATHER'S NAME (LENKNOWN)
certifica g physi remave 72 haur		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no. or unknown) (III yes, give wor or dates of service) Mr. Prescutt Redding Rusing Ser. Mr.
attendir please		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
by the		Conditions, if any, which) (b) Artenio Solerosis
quires 1.		gove rise to immediate couse (a), stating the under-
s been s been al-transi	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The nding p cate ha he buric or remo	CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI/ ar atte is certifi use as t matian,	KEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. js. While Not while at work to twork to two twork to two two two two two two two two two
haspital Affinith	2	21. I certify that I attended the deceased fram. 12-5, 1950, ta 5-3, 1950, that I last saw the deceased
ATTEN by the CTOR: 5 detack r to bur		alive an S , and that death occurred at S . M, fram the causes and on the date stated abave. ACTUAL SIGNATURE M.D. DATE SIGNED SIGNATURE M.D. S . S . S . S . S . S . S . S . S .
AL OR AL DIRE nauld by rar prio	1	PHYSICIAN'S NAME (Type)
HOSPIT by be r HUNERA age 3 st e registi	22	o. BURIAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY Park 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3 6 58 Lakewiew Mein Park Liverton 18.
5 5 9 =	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D, BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55 H

MAI	RYLAND	STATE	DEPARTMEN	NT OF HEAL	TH-BAL	TIMORE,	18
-	MEDICA	AL EX	AMINER'S	CERTIFICA	ATE OF	DEATH	

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	205			Keg	, DIST. NO.	
1. PLACE OF DEATH o. COUNTY	000	2. USUAL RESIDENCE	(Where deceased live	b. COUNTY	esidence before	re admission)
Cecil	MARYLAND	o. STATE Maryl	and	b. COUNTY Cec		
b. CITY OR TOWN If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write RURAL	and give ned	arest town)
Port Deposit R.D	64 yrs.	X Port De	posit. R.I			
d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF Fin	t Middle	Last	4. DATE	Month	Day	Year
(Type or print) A T-3 CA T.	- alegan	DILL	OF DEATH	5	8	19 58
ALLUS U		PICE DATE OF BIRTH				IF UNDER 24 HR
F W	WIDOWED DIVORCED	8-26-1893	lost	birthdayl Month		Hours Min.
Oa. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	ione 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ate or foreign country	12.	CITIZEN OF	WHAT COUNTR
Housewife	House work	Bowt De	posit. Md.		II-S	A
13. FATHER'S NAME	HOUSE WATE	14. MOTHER'S MAIDEN				en e
Walter Deckitt T	nomas M. Jackson	Marria:	Dennison			
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT	Deimarbon	Address		55,000
[Yes, no, or unknown] [If yes, give war or dates of :		24- 244				
1B. CAUSE OF DEATH [Enter only one cau	International International	lice Pitt,	Pera Depo	sit, Ma.	Langeau	AL BETWEEN
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO (b) DUE TO						
PART II. OTHER SIGNIFICANT CONI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE CON	IDITION GIVEN IN		PERFORMED?
201 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in f	art t or Part II of ite	n 1B.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		E OF INJURY (Home, for rry, street, office bldg., e	orm, 20f. (City or to	wn)	(County)	(State)
21. I certify that I took charge	of the remains described above	ve, held an Autor	psy I, Inspec	tion 🔁 Inc	uiry 🚘	and find the
death resulted from: Natural of	causes . Accident . Suid	cide , Homici	3 4 9	ermined cause		DATE SIGNED
EVALUATEDIS.		ASSISTANT MED	ICAL EXAMINER			
NAME (Type) R.C. Dods		DEPUTY MEDICA	L EXAMINER		5-9-58	3
220. BURIAL, CREMATION, 22b. DATE THEREO		CREMATORY	22d. LOCATION	(City, town, or coun	ily)	(State)
REMOVAL (Specify) 5/11/58	Asbury Cemete	erv		osit, RD,		land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 47	C'D BY REGISTRAR	246 REGISTRAR'S		
1. 111/	fon, Perryville.	4		1 222	duch.	
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MARKITAND STATE OFFICE MALVIAM

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PLACE OF DEATH

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b. CITY OR TOV RURAL and gi	/N (If outside corporate limited records town) North East	ts, write	c. LENGTH OF STAY IN Lifetime	lb c. C	ITY OR TOWN (If North	- := ::::::::::::::::::::::::::::::::::	ote limits, write R	URAL and g	give rearest to	own)
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, g ON	ive street	address)	/ d. S	STREET ADDRESS				10	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	fi Bthe		Middle	Rob	lost inson	4. DATE OF DEATH	Mor May	ith	Day 27	Year 1958
5. SEX Female		-	RIED NEVER MARRIED	8. DATE			9. AGE (In years last birthday) 57 yrs.		1 YEAR IF UN Days Hou	NDER 24 HPS.
during most of	ATION (Give kind of work working life, even if retired ISEWORK	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11.	BIRTHPLACE (Stote Mary)		untry)	12. CITI	USA	AT COUNTRY?
13. FATHER'S NAME		****		14. MC	OTHER'S MAIDEN					
15. WAS DECEASED (Yes. no. or unknown)	George Fer	CES? 16.		7. INFORMA		toung f	erguson Add Robinson		North 1	East M
PART I. 420. Canditians, gave rise t	DEATH [Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO iff any, which or immediate one immediate of imme	H;	Coronary		vs. ou ocular Di	ادواد			ONSET A	BETWEEN ND DEATH WINGLES
5	OTHER SIGNIFICANT CON							'EN IN PART	1(a) 19. WA PER YES	REORMED?
OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	RRED. (Enter	nature at injury in	Part 1 ar Part	II at item 18.)			
20c. TIME OF IN Hour a.		20d. Il While at war	Not while		NJURY (Home, farmet, office bldg., etc		or town)	(C	County)	(Stale)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that lattended the	19.2 /J.	d from 30 De	/	19.5.7. to seed at 9:15 1			and an th		ne deceased ated abave. DATE SIGNED
220. BURIAL, CREM. REMOVAL (Spe Burial	6-1-58	F	22c. NAME OF CEMETER Baptist	Y OR CREMA		No	ON (City, town, orth East		Md	itote)
23. FUNERAL DIREC	h B grant	Nor	th East, Mary	1and	DATE	D BY REGISTI	58 24b. REGIS	STRAR'S SIG	NATURE	

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and more with the		of the second	

1. PLACE OF DEATH

b. CITY OR TOWN RURAL and give

NAME OF

S. SEX

DECEASED (Type or print)

Male 10a. USUAL OCCUPAT

during most of we Firefight

220. BURIAL, CREMATION,

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Perry d. NAME OF HOSE OR INSTITUTION V.A. HOS

MARYLANE 56	STATE DEPARTM	ENT OF HEALTH		TIMORE, 1	8 Reg. Di	() 5 ist. No.	596
C ecil	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary		d lived. If institution b. COUNTY	on: Resider	nce before ad	mission)
(If outside corporate limits, write nearest tawn) Point	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpo		URAL ond	give nearest 1	lown)
pital, Perry Po	t address)	/d. STREET ADDRESS 1121 - 4				0	RESIDENCE N A FARM?
First WALTER	Middle C •	ST. CLAIR	4. DATE OF DEATH	Mon May		Doy 26	Yeor 19 58
6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH 2-14-72		9. AGE (In years last birthdoy) 86 yrs.	Months	Days Hou	NDER 24 HRS.
ION (Give kind of work done of the print of the control of the con	. KIND OF BUSINESS OR INDUS	Maryland		ountry)		IZEN OF WE	AT COUNTRY
David T. St.	Clair	Martha J.		Leld			
. It's was given were or dotter of services		ecords, V.A.	Hospit	al, Perr	77	Lnt, Mo	1.
ATH [Enter only one cause per ATH WAS CAUSED BY: BIMMEDIATE CAUSE (o) B1	line for (o), (b), and (c).]	bilateral un	resol	ved		ONSET A	BETWEEN ND DEATH
ony, which (b) A)	rteriosclerotic	heart diseas	е			unkı	nown

13. FATHER'S NAME 15. WAS DECEASED E No CAUSE OF D PART I. DI Conditions, if gove rise to couse (a), stoting the under-Arteriosclerosis, generalized, severe unknown lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES A NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not while of work of work 21. I certify that trattended the deceased from May 23 58 CONTINUES and that death occurred at 12:458 M, from the causes and on the date stated above.

ACTUAL SIGNATURE PHYSICIAN'S S. P. LACERVA NAME (Type)

22b. DATE THEREOF

5-28-1958

PATTERSON & SON, Perryville, Md.

V.A. Hospital, Perry Point, Md. 5-26-58

ADDRESS (Street, city or town, stote)

Director, Professional Services

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) West Nottingham West Nottingham. Md.

DATE

24a. REC'A BY REGISTRAR

246 REGISTRAR'S SIGNATURE

DATE SIGNED

(Stote)

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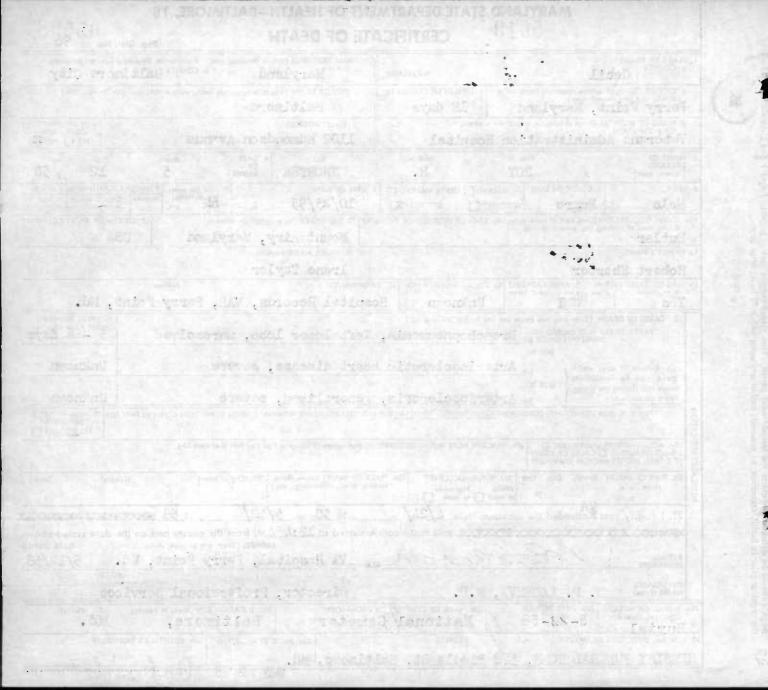
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05597 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH b. COUNTKINGS County o. COUNTY MARYLAND New York b. CITY OR TOWN (If outside corporate limits, write RURAL ay is necessary, director. Page c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 9 10 hrs Brooklyn Perry Point 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? for your files. YES NO W VA Hospital 673 E. 42nd St. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH 1958 Mav PATRICK JOSEPH SHANLEY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the to the fast birthday) Months Min. Days Hours WIDOWED | DIVORCED | with April 10,1889 Male White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) e 12. CITIZEN OF WHAT COUNTRY? C oud U.S.A. Railroad Ireland RR Money Clerk. Ret. moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Poges Rose Ann Donohue Patrick Joseph Shanley S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 673 E. 42nd St., File Give Brooklyn, N. Y. Mrs. Mary T. Shanley Yes None PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction 10 hrs. form IMMEDIATE CAUSE (o) 420,0 burial-transit DUE TO alang with Unknown Conditions, if ony, which (b) Arteriosclerotic Heart Disease, Severe in pencil gave rise to immediate cause should DUE TO (o), stating the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 CATION PERFORMED? Emphysema, bilateral, severe YES-NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should Exam ward 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Slote) (County) EXAMINER: edical factory, street, office bldg., etc.) Not while G. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy 7. Inspection V, Inquiry Y, and find that death resulted from: Natural causes V. Accident . Suicide . Hamicide . Undetermined cause certificate, w forwarded to the Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S cute the DEPUTY MEDICAL EXAMINER NAME (Type) DODGON 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS OR CREMATORY 22d toCATION (City, Jawn, or county) (Stote) REMOVAL (Specify) 0 Removal 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATUR VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore City

Continue	1. PLACE OF DEATH o. COUNTY Cec	11		MARYLAI		USUAL RESIDENCE (Marylands		d lived. If instituti b. COUNTY				
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NAME OF STATE NAME OF STAT	d. NAME OF HOSPITA			address)		d. STREET ADDRESS			0	e.		
DECAMED IN THE PRINCE COURT OF RACE (Type or print) ROY H. SHORTER OF THE SHORTE	Veterans A	dministrat	ion H	Hospital								
Male Negro widowed Divorcetor 10/25/95 62 yrs. Months Doys Hours Min. 60. JUAL OCCUPATION (Give kind of work done) Butler 3. FAIRE'S NAME ROBert Shorter S. WAS DECASEDEVER IN U. S. ARMED FORCES? S. WAS DECASEDEVER IN U. S. ARMED FORCES? J. WITT 14. MOTHET'S MADIEN NAME Irene Taylor Address Irene Taylor Irene Taylo							OF		-	Doy 12		
Butler 3. FATHER'S NAME Robert Shorter S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WIT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAKEDIATE CAUSE (c) DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. DUE TO Conditions, if any, which gave rise to immediate cause lost. PATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH HOW a.m. DOBE CONTRIBUTING CAUSE OF DEATH HOW a.m. 10 OF CONTRIBUTING CAUSE OF DEATH HOW a.m. 11 OF CONTRIBUTING CAUSE OF DEATH HOW a.m. 12 OF CONTRIBUTING CAUSE OF DEATH HOW a.m. 13 OF CONTRIBUTING CAUSE OF DEATH HOW a.m. 14 Month of the matter of the terminal death accurred at 12.145 MM, from the causes and an the date stated above ADDRESS (Sireet, city or town, stole) ADDRESS (Sireet, city or town, stole) DATE SIGNE PATT SECURITY AND ADDRESS (Sireet, city or town, stole) DATE SIGNE PATT SECURITY AND ADDRESS (Sireet, city or town, stole) DATE SIGNE PATT SECURITY AND ADDRESS (Sireet, city or town, stole) DATE SIGNE PATT SECURITY AND ADDRESS (Sireet, city or town, stole) DATE SIGNE 224. DOCATION (City, Jown, or county) Baltimore, 10 Security And ADDRESS (Sir	5. SEX Male							lest birthdoy)				
Robert Shorter S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY						WHAT	COUNTRY
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? If Page Uniform Uniform Hospital Records, VAH, Perry Point, Md. If Page Uniform Hospital Records, VAH, Perry Point, Md. Is. Cause of Death Lenter only one coure per line for (e), (b), and (c).] PART I. DEATH WAS CAUSE (o) Bronchopneumonia, left lower lobe, unresolved Uniform Due to	13. FATHER'S NAME				14							
With a course of Death Enter only one course per line for (o), (b), and (c).	Robert Sho	orter	1196				ylor					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the under lying cause lost. PART II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR a.m. p.m. VA 21. I certify that Katended the deceased fram. 4/24/ AND ACCIDENT WAS UNDERLYING of the while of work of the work of t	(Yes, no, or unknown)	If yes, give war or dates of	RCES? 16.				rds, V			nt, M	ld.	
gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (I	Bro	nchopneumoni					ed	INTER ONSE	T AND	TWEEN DEATH MAYS
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20c. TIME OF INJURY Month, Day, Year Not while at work 19 at work 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that Kattended the deceased fram 4/24/ , 19 58, ta 5/12/ , 19 58 MACKING WARK OCCURRED While at work 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 22. I certify that Kattended the deceased fram 4/24/ , 19 58, ta 5/12/ , 19 58 MACKING WARK OCCURRED While at work 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 22. I certify that Kattended the deceased fram 4/24/ , 19 58, ta 5/12/ , 19 58 MACKING WARK OCCURRED While at work 20d. INJURY (Home, farm, factory) at work 20d. INJURY (Home, farm, factory)	PART II. OTH	IER SIGNIFICANT COM	NDITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	SE CONDITION GI	VEN IN PAR		PERFC	DKMEUT
21. I certify that Kattended the deceased fram 4/24/, 19 58, ta 5/12/, 19 58 CKANDECK CONDECTED ACTIVATION ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 22. I certify that Kattended the deceased fram 4/24/, 19 58, ta 5/12/5AM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNATURE VA Hospital, Perry Point, Md. 5/12/58 Physician'S NAME (Type) S. P. LACERVA, M.D. Director, Professional Services 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 22d. LOCATION (City, fown, or county) Butimore, Md.		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury i	n Part I or Po	rt II of item 18.)				
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Burial PARTERIOR 22b. Date thereof National Ceme tery Md. 12:45AM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED DATE SIGNED DATE SIGNED DIRECTOR, Professional Services 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bullimore, Md. (State) Md.	Hour a.m.		While	Not while				y or town)	(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. P. LACERVA, M.D. Director, Professional Services PLACERVA, M.D. Director, Professional Services 22d. BURIAL, CREMATION, 22b. Date THEREOF National Cemetery or CREMATORY REMOVAL (Specify) Burial ADDRESS (Street, city or town, state) DATE SIGNET 5/12/58 PHYSICIAN'S NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial ADDRESS (Street, city or town, state) DATE SIGNET 5/12/58 PHYSICIAN'S NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial ADDRESS (Street, city or town, state) DATE SIGNET 5/12/58 Md. 5/12/58	21. I certify th	at Kattended the	e deceas	sed fram 4/24/		, 19 58, ta	5/12/	, 19 5	3,000DD	YZZIZZ	CO CO	DESCRIPTION OF
NAME (Type) S. P. LACERVA, M.J. DIRECTOR, Professional Services 22d. BURIAL, CREMATION, REMOVAL (Specify) Burial Cemetery National Cemetery Baltimore, Md. (State)	ACTUAL		Le Le	Reverse	eath ac		ADDRESS (S	itreet, city or town	, state)			
Burial Specify 5-25-58 National Cemetery Baltimore, Md.		S. P. LAC	ERVA,	M.D.		Director	, Prof	essional	Serv.	ices		a data data data data data data data da
29. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify) Burial	5-25-5		National		netery	Bal	timore			d.	re)
HEMSLEY FUNERAL HOME, 578 Biddle St. Baltimore, 904.			ENO		Dal 4		C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SI	GNATURE		

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1,	PLACE OF DEATH	-:/		MAR	YLAND	2. USUAL RESI	DENCE (Wh	ere decease	d lived. If institution b. COUNTY	n: Residence be	fare admission)
	RURAL and give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY	Y IN 16	c. CITY OR	TOWN (If o	Cer	orate limits, write RU	IRAL ond give n	earest town)
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, 9	give street o	address)		d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Hol	lan	Middle	e	Shu A	100	4. DATE OF DEATH	Mant	h 1	Day Year
S.	Male	6. COLOR OR RACE	7. MARRI WIDOWE	NEVER MARR		B. DATE OF BIRT	н 190	6	9. AGE (In years last birthday) 5 1 yrs.	Manths Days	AR IF UNDER 24 HRS.
100	during most of wo	TION (Give kind of work brking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU		ACE (Stote of				OF WHAT COUNTRY
13.	FATHER'S NAME Daniel	Shuford				14. MOTHER'S	MAIDEN N				
1S.		VER IN U. S. ARMED FOR (If yes, give war or dates of	service)	SOCIAL SECURITY NO		Mrs. Be	ertha	123	Shuford		Elkton,
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	T.	e for (o), (b), and (c)	0.1	1 11	1 and 1	rhag	e_		ITERVAL BETWEEN NSET AND DEATH
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CERTIFICATION	Pep	THER SIGNIFICANT CON	er.				155			N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [4]
	LOR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURR	ED. (Enter noture o	of injury in P	art I ar Par	t II of item 18.)		
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L	REMOVAL (Specif Burial	May 25.	1958	Robins ADDRESS	on (Cemeter	24a. REC'E	22d. LOCA Yand Say REGIST	RAR 24b. REGIST	• • •	(State) Carolina URE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5587 CERTIFICATE OF DEATH

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Reg. Dist.	No	1.)	\mathbf{O}	\cup	U

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe		institution: Residence	e before admission)
CECIL	MARYLAND	MA	0. 0		(3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits	, write RURAL and gi	ive nearest town)
ELKTON	20 DAVS	X ZI	ON		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
UNIONI	OSPITAL				YES NO
3. NAME OF DECEASED (Type or print)	Middle B	SIMMERS	4. DATE OF DEATH	Month MAY	Day Year /2 1958
5. SEX 6. COLOR OF RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (n years IF UNDER I	YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWE		Nov3 18	19 10//	theory Months (Doys Hours Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITI	ZEN OF WHAT COUNTRY
HOUSEWIFE			VNK	0	JA.
13. FATHER'S NAME	77	14. MOTHER'S MAIDEN NA	AME		
ALEXANDER	S. BROWN	MARY	= . MW	LLIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT) ,	Address	200
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18. CAUSE OF DEATH [Enter only one couse per line			7		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	VCINIMA D	HEAST WI	Ih mela	asTases	ONSET AND DEATH
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Conditions, if any, which) (b)					
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101	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19 WAS AUTOPSY
CATIO					PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item	18.)	
Hour o. m. While		ACE OF INJURY IHome, farm, ctory, street, office bldg., etc.)		(Ca	ounty) (Stote)
p. m. 19 of work	ot work		1		
21. I certify that I attended the decease	ed from 4/22	, 195 8, 10 5	112	195 8, that I lo	ast saw the deceased
alive on 5/11/5 8 19	, and that death	accurred at 4:45 A	M, fram the co	ouses and an th	e date stated above
ACTUAL SIGNATURE TO US	chen	MD 162 12	DORESS (Street, city	or lown, state)	5/14/58
PHYSICIAN'S JOHN A. F.	ischer.	EIKT	oN,	Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P CPEMATORY	22d. LOCATION (City	town or country	/CA-4-1
REMOVAL (Specify) 5-15-1958	FRIEN	D_S	Calve	rb ecunity)	e.Co., Mos
23 FUNERAL DIRECTOR'S SIGNATURE	-ADDRESS		BY REGISTRAR 2	L REGISTRAR'S SIG	NATURE
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SETO CERTIFICATE OF DEATH

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551	2	THE OF PERTIN	Reg.	Dist. No.
1. PLACE OF DEATH d. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE Maryla	ere deceased lived. If institution: Resi nd b. COUNTY Ce	idence befare admissian)
b. CITY OR TOWN (If outside corporate limits, write RURAL and six terres) town osit	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL o Deposit	nd give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION North Main		d. STREET ADDRESS N. Ma	in St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Laura	Virginia	Smithson	4. DATE Month OF DEATH MAY	Doy Year 15 19 58
Female White WIDOWE	DIVORCED	B. DATE OF BIRTH 6-16- 1869	iast birthday) Manti	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. K during post of working life, wen if retired)	IND OF BUSINESS OR INDU	Penna.	or foreign country) 12.	B & A
19. FATHER'S NAME James H. Clark		14. MOTHER'S MAIDEN N Martha	A. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unpown) (If yes, give wor or dates of service)		nformant rs LeRoy To	me, Port Depos	it, Md.
18. CAUSE OF DEATH [Enter anly ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443 X Conditions, if any, which gave rise ta immediate carse (a), stating the under- lying couse lost. (c)	yoco-d.	Roscola- Ka, Ruteria Kyperto-	selesis and	INTERVAL BETWEEN ONSET AND DEATH 3 M/S
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE			PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While at work	UURY OCCURRED 20e. PL. Nat while at wark	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc.	, 20f. (City or town)	(Caunty) (State)
21. I certify that I attended the decease alive an 1931 ACTUAL SIGNATURE PHYSICIAN'S G. H. Richard			M, from the causes and an ADDRESS (Street, city or town, state)	I last saw the decease the the date stated above DATE SIGNE
NAME (Type) 22d. BURIAL CREMATION, 22b. DATE THEREOF BUT 181 5-18-1958	22c. NAME OF CEMETERY O	r CREMATORY ingham Cem.	22d. LOCATION (City, town, or count	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		MAY 1 9 '58 COLOR	rsignature

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5615

CERTIFICATE OF DEATH

Reg. Dist. No. 05606

1.	o. COUNTY	Cecil		MARYI	LAND	2. USUAL RESIDENCE O. STATE Dist		ased lived. If instit	***	ce before	e admiss	ion)	
Г	b. CITY OR TOWN (RURAL ond give n	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)						
L	Perry Point			Byrs.4mo.4days		Washington 47x-3						V	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION				d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?			
L	Veterans Administration Hospital									NO 🔀			
3.	NAME OF DECEASED	Firs		Middle		Last	4. DAT	E N	ianth	Day		Year	
	(Type or print)		LARD	R.		WEAVE	R DEA	тн М	ay	9		19 58	
S.	SEX	6. COLOR OR RACE	7. MARRI	ED 🔣 NEVER MARRIE	DO	B. DATE OF BIRTH		9. AGE (In year last birthday	rs IF UNDER				
	Male	White	WIDOWE	IDOWED DIVORCED		10-10-8	6	71 yr		Doys	Hours	Min.	
10	o. USUAL OCCUPATION during most of wor	ON (Give kind of work d	one 10b. I	CIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPLACE	(State or foreig	n country)	12. CIT	IZEN OF	WHAT	COUNTRY?	
	during most of working life, even if retired Broker (Retired)		Real Estate		Mississippi			1	USA				
13	FATHER'S NAME					14. MOTHER'S MAIDEN NAME							
1	Millard A. Weave			aver		Catherine Smith							
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address												
1	Yes Yes	to text the same of the same o											
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hemorrhage subdural								ONSET AND DEATH				
	MMEDIATE CAUSE (o) 116 MEDITINGS SUBCUTATE 33/X DUE TO												
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	couse (o), stating the <u>under-</u> lying couse lost. DUE TO SEVETE												
Z		HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINAL DISI	ASE CONDITION	GIVEN IN PAR	T 1(o) 19	PERFO	AUTOPSY ORMED?	
13												NO []	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED foctory, street, office bldg., etc.)												
	21. I certify that battended the deceased from January 5 , 19 55, to May 9 , 1958 MAN 9 , 1958												
	20020000000000000000000000000000000000												
	ADDRESS (Street, city or town, stote) DATE SIGNED												
	SIGNATURE SIGNATURE V.A. Hospital, Perry Point, Md. 5-9-58												
	PHYSICIAN'S NAME (Type)	S. P. LAC	ERVA			Direct	or, Pro	ofessiona	1 Serv	ices			
22	O. BURIAL CREMATIC	N, 226. DATE THEREOF		22c. NAME OF CEME	TERY OF	CREMATORY	22d. LO	CATION (City, tow	or county)		(Stot	e)	
	REMOVAL Specify	5/11/5	8	Arlin	gton	National		rlington,		nia	748		
23	FUNERAL BIRECTOR		9	ADDRESS			REC'D BY REC		GISTRAR'S SIC	MAŢUR	Eg		
	Penning	ton & Son	Havr	e de Grace	, Md	DAT	E MAY 1	5 '58	When	und			

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